

FORM NO. 1.

(1) PLACE OF BIRTH

County of Abbeville

Township of

or
Inc. Town ofCity of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8

Registration District No. 1-aRegistered No. 8

(For use of Local Registrar)

(No. H. Pickens)St. 3 Ward)(2) Full Name of Child Danvers Loumax

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 21</u> , 191 <u>5</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will J. Loumax(9) PRESENT POSTOFFICE OF FATHER Abbeville, SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Abbeville, SC(13) OCCUPATION Brick Layer(20) Number of children born to mother, including present birth { 11 }

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Foster(15) PRESENT POSTOFFICE OF MOTHER Abbeville, SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Abbeville, SC(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth { 11 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Taylor(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, SC

Given name added from a supplemental report

....., 191....

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..... Registrar

(26) Witness W. M. Talbot

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 3rd, 1915 (28) J. G. Perrin

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.